PATENT APPLICATION SERIAL NO. **10/590677**

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

04/26/2007 FSMITH   00000002 10590677

01 FC:2642   200.00 OP

09/01/2006 LLANDGRA 00000018 10590677

01 FC:2631   150.00 OP
02 FC:2633   100.00 OP
03 FC:2632   250.00 OP

03 FC:2632   -250.00 OP

PTO-1556

Repln. Re(5/87)6/2007 FSMITH   0014291100
DA#:194972   Name/Number:10590677
FC: 9204 $50.00 CR

U.S. Government Printing Office: 2002 — 489-267/69023

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/590677

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = $ 150	LARGE ENT. = $ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100	All other situations = $ 100 / $ 200
SEARCH FEE	U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400	ALL other situations = $ 250 / $ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	14 minus 20 = *	
INDEPENDENT CLAIMS	2 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ **OR** **OTHER THAN SMALL ENTITY**

	RATE	FEE		RATE	FEE
BASIC FEE	150		OR	BASIC FEE	
EXAM. FEE	100			EXAM. FEE	
SEARCH FEE	200			SEARCH FEE	
	X $ 125 =			X $ 250 =	
	X $ 25 =		OR	X $ 50 =	
	X $ 100 =		OR	X $ 200 =	
	+ $ 180 =		OR	+ $ 360 =	
TOTAL			OR	TOTAL	

CLAIMS AS AMENDED - PART II

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+ $ 180 =		OR	+ $ 360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+ $ 180 =		OR	+ $ 360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.